

GM 3761 \$

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE WITH SUFFICIENT POSTAGE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, D.C., 20231, ON:

Date: May 9, 2001

By:

Joy A. Roeder
Joy A. Roeder
Patent Attorney's Docket No. 032005-069

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
Andrew H. Cragg, et al.) Group Art Unit: 3761
Application No.: 09/613,439) Examiner: Unknown
Filed: July 11, 2000)
For: SYSTEM AND METHOD FOR)
FACILITATING HEMOSTASIS OF)
BLOOD VESSEL PUNCTURES WITH)
ABSORBABLE SPONGE)

RECEIVED
MAY 21 2001
TECHNOLOGY CENTER R3700

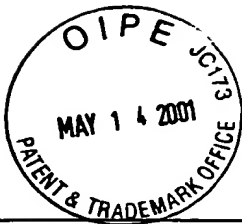
AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and a check for ☐ \$55.00 (248) ☐ \$110.00 (148) to cover the requisite Government fee are also enclosed.
- ☒ Also enclosed is Information Disclosure Statement Transmittal, IDS and PTO 1449
- ☒ Small entity status is hereby claimed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$355.00 (279) ☐ \$710.00 (179) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted ___, on ___, for which continued examination is requested.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.
- ☐ No additional claim fee is required.



☒ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	60	MINUS 20 =	40	× \$18.00 (103) =	720.00
Independent Claims	6	MINUS 3 =	3	× \$80.00 (102) =	240.00
If Amendment adds multiple dependent claims, add \$270.00 (104)					
Total Amendment Fee					960.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					480.00
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$480.00

☒ A claim fee in the amount of \$ 480.00 is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: Cindy A. Lynch
Cindy A. Lynch
Registration No. 38,699

P.O. Box 1404
Alexandria, Virginia 22313-1404
(650)622-2300

Date: May 9, 2001